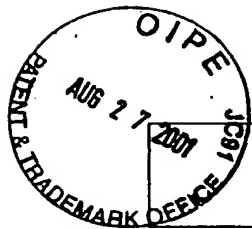




Attorney's Docket No.
12129-00013



DECLARATION AND POWER OF ATTORNEY

Attorney's Docket No.
12129-00013

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application and any patent issued thereon.

SOLE OR FIRST INVENTOR:

Full Name: Gary WinklerSignature: *Gary Winkler*Date: 7/24/01Residence: St. Louis, Missouri 63146Citizenship: U.S.A.Post Office Address: 12121 Lake Meade Court, St. Louis, Missouri 63146

SECOND JOINT INVENTOR, IF ANY:

Full Name: Jere Poteat

Signature: _____

Date: _____

Residence: Leslie, Missouri 63056Citizenship: U.S.A.Post Office Address: 300 Little Creek, Leslie, Missouri 63056

THIRD JOINT INVENTOR, IF ANY:

Full Name: _____

Signature: _____

Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

FOURTH JOINT INVENTOR, IF ANY:

Full Name: _____

Signature: _____

Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____



DECLARATION AND POWER OF ATTORNEY

Attorney's Docket No.
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SOLE OR FIRST INVENTOR:

Full Name: Gary Winkler

Signature: _____ Date: _____

Residence: St. Louis, Missouri 63146

Citizenship: U.S.A.

Post Office Address: 12121 Lake Meade Court, St. Louis, Missouri 63146

SECOND JOINT INVENTOR, IF ANY:

Full Name: Jere Poteat

Signature: [Signature] Date: 8/9/01

Residence: Leslie, Missouri 63056

Citizenship: U.S.A.

Post Office Address: 300 Little Creek, Leslie, Missouri 63056

THIRD JOINT INVENTOR, IF ANY:

Full Name: _____

Signature: _____ Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

FOURTH JOINT INVENTOR, IF ANY:

Full Name: _____

Signature: _____ Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____